

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Conservative Campaign Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00495010         </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>WRPW</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 06 / 2015</div> </div>	
Mailing Address 108 Boeykens Place		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">195</div>	
City Normal	State IL	Zip Code 61761-2139	<b>Transaction ID : 142437</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 06 / 2015</div> </div>
Purpose of Expenditure 7/6 to 7/7 Radio Advertising		Category/ Type	
Name of Federal Candidate Michael Flynn		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: IL
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">5697.21</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2015 <input checked="" type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>STARadio WTAD</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 06 / 2015</div> </div>	
Mailing Address 329 Maine Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">252</div>	
City Quincy	State IL	Zip Code 62301-3928	<b>Transaction ID : 142438</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 06 / 2015</div> </div>
Purpose of Expenditure 7/6 to 7/7 Radio		Category/ Type	
Name of Federal Candidate Michael Flynn		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: IL
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">5697.21</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2015 <input checked="" type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">447.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Kelly Lawler*
*[Electronically Filed]*

Date

MM / DD / YYYY  
07 / 06 / 2015

Signature

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: F24N  
Transaction ID :

To report expenditures in connection with IL special election being held 7/7/15

Form/Schedule:  
Transaction ID: